

If you belong to Basic Health — a state-supported health coverage program — because you are a member of an employer group or one of the following financial sponsor organizations, this *Hot Policy Page* affects you:

- Children's Hospital
- Columbia Valley Community Health
- Community Health Centers of King County
- Country Doctor Community Health Centers
- El Centro de la Raza
- Franciscan Health System
- Housing Hope
- Jamestown S'Klallam Tribe
- Leah Layne Foundation
- Lummi Indian Nation
- Moses Lake Community Health Center
- Mt. Adams Health Foundation
- Port Gamble S'Klallam Tribe
- Puget Sound Neighborhood Health Centers
- St. John's Peace Health
- Quinault Indian Nation
- University of Washington Physicians
- Yakima Neighborhood Health Services

## Your 2003 Member Handbook

Your new *2003 Member Handbook* will be sent to you in January. It is your certificate of coverage, the legal document that describes the Basic Health (BH) program and its benefits, and outlines your rights and responsibilities as a member. You may have additional responsibilities as a member of an employer or financial sponsor group.

## Who pays for your coverage?

Each month, BH sends payment to the contracted health plan you selected for your health coverage. This payment includes the amount you and your employer or financial sponsor pay (your premium), and the amount paid by the state (called a premium subsidy). Your premium share of the cost of your coverage is based on your family's income and size. The state's share comes from taxes collected on sales of alcohol and tobacco products, and from hospital premiums. On average, the state pays \$156 (85%) of the payment made to the health plan by BH for each member.

## Reporting changes

Your family income, Washington State residency, and eligibility for Medicare determine if you are eligible for BH. The level of premium subsidy (amount the state pays) for your health coverage is based on your family income (before deductions), the number of people in your family, and the health plan you choose.

BH requires you to report all changes to your income and family member status. If you are a member of a financial sponsor group, report changes to your sponsor and your sponsor will send those changes to BH. If you are a member of an employer group, report changes to BH. You also will periodically be required to send documentation to BH to prove continued eligibility for BH and your current level of subsidy. BH may also verify your family's income through contact with other agencies.

If it appears you have not reported changes as required, you may be asked to provide proof of your income to determine if the state has paid too much of your premium (called a subsidy overpayment) and verify that you still live in

Washington State. If BH determines the state has paid too much premium subsidy or you do not provide the required documentation, you may have to repay the subsidy overpayment. In addition, BH may impose penalties of up to twice the amount of the subsidy overpayment if it was the result of fraud or intentionally withholding or misrepresenting information that was needed to determine the correct subsidy amount. BH may continue to bill you for subsidy overpayments or penalties even if you disenroll from the program.

## Continuing as a Basic Health member

Starting in January 2003, BH members will be required to provide new income and residence documentation at least yearly (twice per year if we cannot verify your income through other agencies) to continue BH membership. **Don't do anything right now. BH will send you a letter telling you what information is required during the recertification process.**

Be prepared to provide BH with the requested information by keeping the following documentation handy:

- Your most recent income tax return
- Proof of Washington State residence (your street address, not a P.O. Box)
- Current proof of income

Again, please **don't** send anything now. BH will send you a letter when this information is needed.

## Disenrollment for noncompliance

If you do not send the requested documentation or respond to BH requests for information, you will be disenrolled and will have to wait at least 12 months before you can re-enroll (longer if space is not available). You may also have to reapply to and get approval from your financial sponsor to re-enroll as a sponsored member.

## Providing proof of student status

If you have a dependent child age 19-22, (s)he must be a full-time student enrolled in an accredited school to remain on your account. Each year, BH will send you a letter about three months before your dependent's birthday, requiring you to send proof of his or her student status for the current period (during summer, this could be either summer or fall enrollment). This will be necessary to keep the member on your account as a dependent for coverage or for calculation of family size. To be ready to send the required documentation, keep a copy of the student's enrollment confirmation letter or other document from the school that shows the student enrolled full time. If your student(s) did not keep a copy of his or her enrollment confirmation letter, the school registrar's office will generally provide documentation at no cost.

You will also be required to provide documentation to show your dependent was a full-time student during past months. You should keep a copy of your dependent's

enrollment confirmation letter, transcript, grade report, notice of completion of classes, or other document from the school that shows the student was enrolled full time for the months (s)he was on your account during the past year.

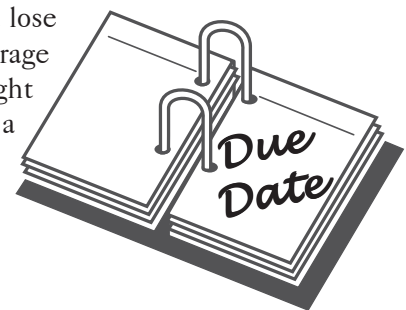
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## Making the program stronger

BH is responsible for making sure state dollars are spent appropriately for your health care coverage. For that reason, in 2002 BH increased the number of accounts reviewed each month to more than 5,000. The result is that you may be asked to provide more documentation more often. However, the process ensures that our limited state resources are used to provide coverage only to those who are eligible.

## Watch those due dates

Please review all materials you receive from BH carefully and follow the directions. It is very important to send the information requested by the due dates given. If you do not, you could lose your coverage or your right to appeal a decision.



Si desea ayuda en español, llame al 1-800-321-0291. Для обслуживания на русском языке, позвоните, пожалуйста, по телефону 1-800-387-8224. 한국어로 도움을 원하시면 1-800-324-1658로 연락하십시오. Nếu quý vị muốn được giúp bằng tiếng Việt, xin gọi số 1-800-423-2231.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.